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PART B - FEE(S) TRANSMITTAL

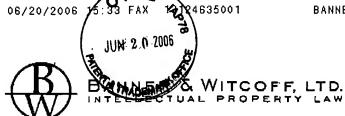
his form, together with applicable fee(s), to: Mail Mall Stop ISSUE FEE
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P.O. Box 1450

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maintenance fee notification	rm should be used for transcrespondence including the I below or directed otherwise	smitting the ISSUE FEE and no in Block 1, by (a) specifying	PUBLICATION FEE (if reconfictation of maintenance fees	uired). Block: will be maile is; and/or (b) i	I through 5 to the current idicating a ser	should be completed who it correspondence address parate "FEE ADDRESS"
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APPLICATION NO.	FILING DATE	FIRST NAME	D INVENTOR	ATTORNEY	XOCKET NO.	CONFIRMATION NO.
10/621,549 TLE OF INVENTION: PL	07/17/2003 ASTIC CONTAINER AND	Juhn W. Vo	on Holdt JR.	10778	00016	1338
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FER	TOTAL FI	E(S) DUP	DATE DUE
nonprovisional	YES	\$700	\$300	510		07/10/2006
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J "Fee Address" indication PTO/SB/47; Rev 03-02 or Number is required.	nce address (or Change of Ca 2) attached. on (or "Fee Address" Indicati more recent) attached. Use of RESIDENCE DATA TO BE	on form (2) the name of a Customer (2) the name registered (2) the name registered (2) registered (3) the name registered (4) the name registered (4) the name registered (5) the name of	ting on the patent front page, il times of up to 3 registered page. OR, alternatively, me of a single firm (having as a attorney or agent) and the nam of patent autorneys or agents. If name will be printed.	to name is no name is of up to	1 15.00 2 Banner	r & Witcoff, Ltd
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recordation as set forth in 3 (A) NAME OF ASSIGNED	87 CFR 3.[1. Completion of E	this form is NOT & substitute: (8) RESIDE	for filing an assignment. NCE: (CITY and STATE OR C	OUNTRY)		Secretarian permitting for
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So check the appropriate a The following fee(s) are en It issue Fee Publication Fee (No small Advance Order - # of C hange in Entity Status (fi a. Applicant claims SMA Director of the USPTO is E: The Issue Fee and Publicat as shown by the record	ssignee category or categorie iclosed: all cutity discount permitted) copies 5 from status indicated above) ALL ENTITY status. See 37 requested to apply the Issue lication Fee (if required) will so the United States Patent	(8) RESIDE 45. Payment of A check ii Payment b En The Direct Deposit A CFR 1.27.	NCE: (CITY and STATE OR Constent): Individual Confects: In the amount of the fee(s) is entered by credit card. Form PTO-2038 tor is hereby authorized by characteristic Number 190733 Out is no longer claiming SMAL (r) or to re-spelly any previously other than the applicant, a regis	rporation or or closed. is attached, ge the requirec (c L ENTITY ste paid issue fee lered attorney	fec(s), or cred iclose an extra us. Sec 37 CF. to the application of agent; or the	up entity Government it iny overpayment, to cupy of this form),
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To: Mail Stop ISSUE FEE Commissioner for Patents		FROM: Jon O. Nelson
COMPANY: U.S. Pate		DATE: June 20, 2006
FAX NUMBER: 571-273-2885		TOTAL No. of PAGES:
RE: Serial No. 10/621,549 Filed: July 17, 2003		Our Reference No.: 10778.00016
If you do I	not receive all page(s) or have	e any problems receiving this transmission, plaase call:
NAME:	Kathy Rodak	PHONE: (312) 463-5548
COMMENT	s:	

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Transmittal Form
Fee Transmittal for FY 2005
Part B – Fee(s) Transmittal, in duplicate

Serial No. 10/621,549 Filed: July 17, 2003

Attorney Docket No. 10778.00016

This collection of information is required by 37 CFR 1.8 The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.8 minutes to complete, including gethering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burrien, should be sunt to the Chief Information Officer, U.S. Patent and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, V \ 22313-1450. I)O NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 14:0, Alexandria, VA 22313-1450.

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Application Number

Filing Date

		First Named Invent	or John W.	von Holdt, Jr.
		Art Unit	3727	· · · · · · · · · · · · · · · · · · ·
(to be used for all correspondence	efter initial filing)	Examiner Name	Niki Mari	na Eloshway
Total Number of Pages in This Sub		Attorney Docket Nu	mber 10778.00	0016
	EN	CLOSURES (check all that	apply)	
Fee Transmittal Form	☐ Drawii	ng(s)	After A	Now ince Communication to TC
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Information Disclosure Stateme		Landscape Table on CD		
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Firm	Banner	& Witcoff, LTD.		
Signature	10	. o. Del-		
Printed Name	Jon O. N	lelson		
Date	June 20		Reg. No. 24,566	
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Fees pursuant to the Consolidated Appro	prietions de 118).	Complete if Known			
FEE TRANS	SMITTAL	Application Number	10/621,549		
for FY	2005	Filing Date	July 17, 2003		
10111		First Named Inventor	John W. von Holdt, Jr.		
Applicant claims small entity st	atus. See 37 CFR 1.27	Examiner Name	Niki Marina Elos ıway		
TOTAL AMOUNT OF PAYMENT	(\$) 1,015	Art Unit	3727		
TOTAL AMOUNT OF FATMENT	(3) 1,013	Attorney Docket No.	10778.00016		
METHOD OF PAYMENT (check	all that apply)				
☐ Check ☐ Credit Card ☐ M	oney Order 🔲 None 🔲 (Other (please identify)	:		
Deposit Account Deposit Accou	unt Number: 19-0733	Deposit Accoun	t Name: Banner & Witcoff, L1'D.		
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Charge any addition Under 37 CFR 1.16	al fee(s) or underpayments of and 1.17	fee(s) 🔀 Credit a	ny overpayments		

authorization on PTO-2038. FEE CALCULATION

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1.	BASIC FILING, SEA	RCH, AND	EXAMINATION	V FEES				
		FILING F		SEARCH	FEES	EXAMIN.	ATION FEES	
		<u> </u>	Small Entity		Small Entity		Small Entity	
1	Application Type	Fee (\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fee(3)	Fees Paid (\$)
Ţ	Utiliry	300	150	500	250	200	100	
I	Design	200	100	100	50	130	65	
I	Plant	200	100	300	150	160	80	
I	Reissue	300	150	500	250	600	300	
F	Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES Small Entity Fee Description Fec (\$) <u>Feo (\$)</u> Each claim over 20 (including Reissucs) 5(25 Each independent claim over 3 (including Reissucs) 200 100 Multiple dependent claims 360 130 Fee Paid (\$) Total Claims **Extra Claims** Fee(\$) Multiple Dependent Claims - 20 or HP= Fee Paid (\$) F pp (\$) HP = highest number of total claims paid for, if greater than 20.

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Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

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Fees Paid (\$)

Other (e.g., late filing surcharge): Issue Fee; Publication Fee; 5 Advance Copies \$700; \$300; \$15

1	SUBMITTED BY				
	Signature	Jon o. Walon	Registration No. (Attorney/Agent) 24,566	Te ephone	312.463.5000
Į	Name (PrindType)	Jon O. Nelson		Dr e	June 20, 2006

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